

State:	District of Columbia	Filing Company:	Zurich American Insurance Company
TOI/Sub-TOI:	H04 Health - Blanket Accident /Sickness/H04.000 Health - Blanket Accident /Sickness		
Product Name:	Rates for Additional Riders for use with Blanket Accident Insurance For All Other Groups		
Project Name/Number:	/DC AH 34958		

## Rate Information

Rate data applies to filing.

Filing Method:	Prior Approval
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	NA

## Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Zurich American Insurance Company	New Product	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:	0	0	0	0	0	0	0	0
Policy Holders:	0	0	0	0	0	0	0	0

**State:** District of Columbia **Filing Company:** Zurich American Insurance Company  
**TOI/Sub-TOI:** H04 Health - Blanket Accident /Sickness/H04.000 Health - Blanket Accident /Sickness  
**Product Name:** Rates for Additional Riders for use with Blanket Accident Insurance For All Other Groups  
**Project Name/Number:** /DC AH 34958

## Rate Review Detail

### COMPANY:

Company Name: Zurich American Insurance Company  
HHS Issuer Id: 00001  
Product Names: Additional Riders for use with Blanket Accident Insurance For All Other Groups  
Trend Factors:

### FORMS:

New Policy Forms: U-BMC-308-A, U-BMC-309-A, U-BMC-318-A, U-BMC-320-A, U-BMC-323-A, U-BMC-324-A, U-BMC-331-A, U-BMC-347-A, U-BMC-348-A, U-BMC-349-A, U-BMC-361-A, U-BMC-371-A, U-BMC-372-A, U-BMC-373-A, U-BMC-374-A, U-BMC-375-A, U-BMC-376-A, U-BMC-377-A, U-BMC-378-A

Affected Forms:

Other Affected Forms:

### REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual  
Member Months: 0  
Benefit Change: None  
Percent Change Requested: Min: Max: Avg:

### PRIOR RATE:

Total Earned Premium:  
Total Incurred Claims:  
Annual \$: Min: Max: Avg:

### REQUESTED RATE:

Projected Earned Premium: 0.00  
Projected Incurred Claims: 0.00  
Annual \$: Min: 0.00 Max: 0.00 Avg: 0.00

SERFF Tracking #:

ZURC-128711578

State Tracking #:

Company Tracking #:

DC AH 34958

State: District of Columbia

Filing Company:

Zurich American Insurance Company

TOI/Sub-TOI: H04 Health - Blanket Accident /Sickness/H04.000 Health - Blanket Accident /Sickness

Product Name: Rates for Additional Riders for use with Blanket Accident Insurance For All Other Groups

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## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rating Plan	U-BMC-308-A, U-BMC-309-A, U-BMC-318-A, U-BMC-320-A, U-BMC-323-A, U-BMC-324-A, U-BMC-331-A, U-BMC-347-A, U-BMC-348-A, U-BMC-349-A, U-BMC-361-A, U-BMC-371-A, U-BMC-372-A, U-BMC-373-A, U-BMC-374-A, U-BMC-375-A, U-BMC-376-A, U-BMC-377-A, U-BMC-378-A	New		ZNA03.BMC-300.v1.2.DC.Rates.50%LR.20120927.pdf

# Zurich American Insurance Company

## Rating Structure

Eligibility of Dependents Rider Form U-BMC-308-A  
Additional Accidental [Dismemberment] [and Covered Loss of Use] [and Plegia] for Dependent Children Rider Form U-BMC-309-A  
Critical Burn Benefit Rider Form U-BMC-318-A  
[Permanent] [Temporary] Total Disability Benefit Rider Form U-BMC-320-A  
After School Care Benefit Rider Form U-BMC-323-A  
Inflation Benefit Rider Form U-BMC-324-A  
HIV Occupational Accident Benefit Rider Form U-BMC-331-A  
Continuation of Insurance Benefit Rider Form U-BMC-347-A  
Day Care Benefit Rider Form U-BMC-348-A  
Hearing Aid or Prosthetic Appliance Benefit Rider Form U-BMC-349-A  
Traumatic Brain Injury Benefit Rider Form U-BMC-361-A  
Home Alteration and Vehicle Modification Benefit Rider Form U-BMC-371-A  
Natural Disaster Benefit Rider Form U-BMC-372-A  
[Occupational] [or] [Voluntary Activity] Hepatitis Benefit Rider Form U-BMC-373-A  
Recuperation Benefit Rider Form U-BMC-374-A  
Student [Tuition] [and] [Expense] Reimbursement Benefit Rider Form U-BMC-375-A  
Accelerated Payment Benefit Rider Form U-BMC-376-A  
Accident Medical Expense - Indemnity Benefit Rider Form U-BMC-377-A  
Complications of Pregnancy Benefit Rider Form U-BMC-378-A

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# Zurich American Insurance Company

## Rating Structure

Eligibility of Dependents Rider Form U-BMC-308-A  
 Additional Accidental [Dismemberment] [and Covered Loss of Use] [and Plegia] for Dependent Children Rider Form U-BMC-309-A  
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 Complications of Pregnancy Benefit Rider Form U-BMC-378-A

## Premium Calculations

(1) Additional Accidental Dismemberment for Dependent Children Benefit	[Table 4 Factor] x [Table 3 Rate] x [Accidental Dismemberment Benefit ÷ 1,000]
(2) Critical Burn Benefit	[Table 5 Rate] x [Table 6 Factor] x [Table 7 Factor] x [Critical Burn Benefit ÷ 1,000]
(3) Permanent/Temporary Total Disability Benefit	[Table 8 Rate] x [Table 2 Factor] x [Permanent/Temporary Total Disability Benefit ÷ 1,000]
(4) After School Care Benefit	[Table 9 Rate] x [Table 10 Factor] x [Table 2 Factor]
(5) HIV Occupational Accident Benefit	[Table 12 Rate] x [Table 13 Factor] x [Table 2 Factor] x [HIV Occupational Accident Benefit ÷ 1,000]
(6) Day Care Benefit	[Table 15 Rate] x [Table 16 Factor] x [Table 2 Factor] x [Day Care Benefit ÷ 1,000]
(7) Hearing Aid or Prosthetic Appliance Benefit	[Table 17 Rate] x [Table 18 Factor] x [Table 2 Factor]
(8) Traumatic Brain Injury Benefit	[Table 19 Rate] x [Table 20 Factor] x [Table 2 Factor] x [Traumatic Brain Injury Benefit ÷ 1000]
(9) Home Alteration and Vehicle Modification Benefit	[Table 22 Rate] x [Table 2 Factor]
(10a) Natural Disaster Benefit - Accidental Death	[Table 23 Rate] x [Accidental Death Benefit ÷ 1000]
(10b) Natural Disaster Benefit - Accidental Dismemberment	[Table 23 Rate] x [Accidental Dismemberment Benefit ÷ 1000]
(10c) Natural Disaster Benefit - Loss of Use	[Table 23 Rate] x [Loss of Use Benefit ÷ 1000]
(10d) Natural Disaster Benefit - Plegia	[Table 23 Rate] x [Plegia Benefit ÷ 1000]
(11) Occupational/Voluntary Hepatitis Benefit	[Table 24 Rate] x [Table 25 Factor] x [Table 2 Factor] x [Occupational/Voluntary Hepatitis Benefit ÷ 1000]
(12) Recuperation Benefit	[Table 26 Rate] x [Table 2 Factor] x [Recuperation Benefit ÷ 100]
(13a) Student Loan Reimbursement Benefit	[Table 27 Rate] x [Table 28 Factor] x [Table 2 Factor]
(13b) Tuition Reimbursement Benefit	[Table 29 Rate] x [Table 2 Factor] x [Tuition Reimbursement Benefit ÷ 1000]
(13c) Student Tuition and Tuition Expense Benefit	[Table 30 Rate] x [Table 31 Factor] x [Table 32 Factor] x [Table 2 Factor]
(13d) Student Expense Benefit	[Table 33 Rate] x [Table 34 Factor] x [Table 35 Factor] x [Table 2 Factor]
(14a) Emergency Room Benefit	[Table 37 Rate] x [Table 38 Factor] x [Table 2 Factor] x [Emergency Room Benefit ÷ 500]
(14b) X-Rays Related to an Accident Benefit	[Table 39 Rate] x [Table 2 Factor] x [X-Rays related to an Accident Benefit ÷ 500]
(14c) Emergency Room Follow Up Treatment	[Table 40 Rate] x [Table 41 Factor] x [Table 42 Factor] x [Table 2 Factor] x [Emergency Room Follow Up Treatment Benefit ÷ 500]
(14d) Accident Hospitalization Benefit	[Table 43 Rate] x [Table 44 Factor] x [Table 2 Factor] x [Accident Hospitalization Benefit ÷ 500]
(14e) Dislocations Benefit	[Table 45 Rate] x [Table 2 Factor] x [Open Reduction Dislocations Benefit ÷ 2,500]
(14f) Dislocations Benefit	[Table 45 Rate] x [Table 2 Factor] x [Closed Reduction Dislocations Benefit ÷ 500]
(14g) Burns 2nd Degree Benefit	[Table 46 Rate] x [Table 47 Factor] x [Table 2 Factor] x [2nd Degree Burns Benefit ÷ 2500]
(14h) Burns 3rd Degree Benefit	[Table 46 Rate] x [Table 47 Factor] x [Table 2 Factor] x [3rd Degree Burns Benefit ÷ 5000]
(14i) Skin Grafts Benefit	[Table 48 Rate] x [Table 2 Factor] x [Percent of Burns Benefit ÷ 75%]
(14j) Eye Injury - Surgical Repair Benefit	[Table 49 Rate] x [Table 2 Factor] x [Surgical Repair Benefit ÷ 1000]
(14k) Eye Injury - Removal of Foreign Body	[Table 49 Rate] x [Table 2 Factor] x [Removal of Foreign Body Benefit ÷ 250]
(14l) Lacerations Benefit	[Table 50 Rate] x [Table 2 Factor] x [Lacerations Benefit ÷ 500]
(14m) Fractures Benefit	[Table 51 Rate] x [Table 2 Factor] x [Fractures Benefit ÷ 100]
(14n) Concussion Benefit	[Table 52 Rate] x [Table 2 Factor] x [Concussion Benefit ÷ 100]
(14o) Emergency Dental Procedure Benefit	[Table 53 Rate] x [Table 2 Factor] x [Emergency Dental Procedure Benefit ÷ 75]
(14p) Specified Surgical Procedures Arising From a Covered Accident Benefit	[Table 54 Rate] x [Table 2 Factor] x [Specified Surgical Procedures Benefit ÷ 25]
(14q) Non-Specified Surgical Procedures Arising From a Covered Accident Benefit	[Table 55 Rate] x [Table 2 Factor] x [Non-Specified Surgical Procedures Benefit ÷ 2500]
(14r) Diagnostic Testing & Exams Benefit	[Table 56 Rate] x [Table 2 Factor] x [Diagnostic Testing & Imaging Benefit ÷ 2500]
(14s) Pain Management Benefit	[Table 57 Rate] x [Table 2 Factor] x [Pain Management Benefit ÷ 2500]
(14t) Physical Therapy Benefit	[Table 58 Rate] x [Table 59 Factor] x [Table 2 Factor] x [Physical Therapy Benefit ÷ 25]
(14u) Durable Medical Equipment and Prosthetic Appliance Benefit	[Table 60 Rate] x [Table 2 Factor] x [Durable Medical Equipment and Prosthetic Benefit ÷ 5000]
(14v) Blood, Plasma, and/or Platelets Benefit	[Table 61 Rate] x [Table 2 Factor] x [Blood, Plasma, and/or Platelets Benefit ÷ 2500]
(14w) Ground Ambulance Benefit	[Table 62 Rate] x [Table 63 Factor] x [Table 2 Factor] x [Ground Ambulance Benefit ÷ 500]
(14x) Air Ambulance Benefit	[Table 62 Rate] x [Table 63 Factor] x [Table 2 Factor] x [Air Ambulance Benefit ÷ 2500]
(14y) Transportation Benefit	[Table 64 Rate] x [Table 2 Factor] x [Transportation Benefit ÷ 25]
(14z) Lodging Benefit	[Table 65 Rate] x [Table 2 Factor] x [Lodging Benefit ÷ 50]
(15) Complications of Pregnancy Benefit	[Table 66 Rate] x [Table 2 Factor]
(16) Eligibility of Dependents Benefit	[Selected Plan Percentage of Insured's Coverage Amount] x [Applicable Benefit(s)]
(17) Total Daily Premium per Person	(1) + (2) + (3) + (4) + (5) + (6) + (7) + (8) + (9) + (10) + (11) + (12) + (13) + (14) + (15) + (16)
(18) Total Premium per Person	(17) x [Table 11 Factor] x [Table 14 Factor] x [Table 67 Factor] x [Table 68 Factor]
(19) Total Premium for Blanket Group	(18) x Number of People

Additional rate adjustments are made for group and participant characteristics that deviate from the standard assumptions.

**Zurich American Insurance Company  
Blanket Accident Insurance Policy  
Classification of Risks**

Table 1

**Risk Category A**

Adult Study Schools	Exhibits Fashion Shows
Alter Boys	Glee Clubs
American Legion	Golden Age Clubs
Bible Schools	Instrumental Groups
Bingo Associations	Jaycees
Bluebirds	Junior Chamber of Commerce
B'nai Brith	Kiwanis Clubs
Booster Clubs	Knights of Columbus
Brownie Scouts	Lutheran Leagues
Card Clubs	P.T.A.
Catholic Youth Organizations (non-athletic)	Radio Clubs
Choral Concert Groups	Rainbow Girls
Church Congregations	Royal Ambassadors
Citizen Band (CB) Clubs	Self-Help Programs
Civic Clubs	Senior Citizens Clubs
Concert Groups	Veterans of Foreign Wars
Conferences	Webelos
Dance Clubs	Youth Choirs
Discussion Groups	

**Risk Category B**

Amateur Theater	Exchange Clubs
Baton Marching Groups	4-H Clubs
Beauty Contests & Pageants	Future Farmers of America
Bugle Corps	Garden Clubs
Business Schools	Handicapped Child Programs
Child Development Centers	Hay Rides
Christian Day Schools	Head Start Programs
Church Pre-Schools	Majorettes
Church Youth Groups	Marching Groups
Dance Schools	Pageants
Nurseries, Kindergartens & Play Schools	Safety Patrol Schools
Dog Clubs	Senior Class Trips
Drill Teams	Youth Activities (excluding sports)
Drum/Bugle Corps	

**Zurich American Insurance Company**  
**Blanket Accident Insurance Policy**  
**Classification of Risks**

Table 1

Risk Category C

Archery Clubs	Recreation Centers
Bicycle Clubs	Roller Skating Centers
Boys Clubs (non-athletic)	Soap Box Derbies
Community Centers (non-athletic)	Social Centers
Country Club	Summer Playgrounds
Golf Clubs	Youth Social Centers
Ice Skating Clubs	

Risk Category D

Auto Clubs	Fund Raising Drives
Boat Trips	Girl Scouts
Boating Clubs	Hospital Auxiliary
Campfire Girls	Karting Clubs
Candy Strippers	Key Clubs
Charity Workers	Swimming Clubs
Church Activities	Volunteer Service Organizations
Cub Scouts	Yacht Clubs
Festivals	

Risk Category E

Big Brothers	Picnics or Organizational Outings
Conventions	Rod and Gun Clubs
Gun Clubs	Skeet, Trap or Turkey Shoots
Horseback Riding Clubs	Sportsman's Clubs
Hunting Clubs	Trips and Tours
Motor Clubs	Volunteer Construction or Repair Workers

Risk Category F

Alligator Wrestlers	Judo Schools
Athletic Associations or Clubs	Playgrounds
Bowling Clubs	Sports Tournaments and Meets
Circus Amateurs	

**Zurich American Insurance Company  
Blanket Accident Insurance Policy  
Classification of Risks**

Table 1

Risk Category G

Auto Mechanics Schools  
Flagpole Sitters  
Harness Racing  
Hiking Clubs  
Manual Training Schools  
Rehabilitation

Training Programs  
Science Field Study  
Technical Schools  
Vocational Training Programs  
Welding Schools

Risk Category H

Backpacking Clubs  
Outward-Bound Program  
Pathfinders

Ski Clubs (including water skiing)  
Student Drivers

Risk Category I

Jai Alai

Scuba Diving

Risk Category J

Go-Karting  
Minibike Clubs

Skateboarding Clubs  
Snowmobile Clubs

Risk Category K

Aerialists  
Bungee Jumping  
Parachutists

Rodeo  
Sky Divers

Note: For other activities that are not listed, the class that best represents the activity will be chosen. For groups in which more than one class of activity is involved, each activity is rated separately.



**Zurich American Insurance Company  
Blanket Accident Insurance Policy  
Risk Category Adjustment**

Table 2

Risk Category	Risk Factor
A	0.095
B	0.143
C	0.238
D	0.381
E	0.619
F	1.000
G	1.667
H	2.857
I	4.762
J	7.857
K	13.333

**Zurich American Insurance Company**  
**Blanket Accident Insurance Policy Form U-BMC-300-A**  
**Daily Premium per \$1,000**

Table 3 - Accidental Death Benefit

Risk Category	Daily Premium Per \$1,000
A	0.00346
B	0.00520
C	0.00866
D	0.01386
E	0.02254
F	0.03640
G	0.06068
H	0.10400
I	0.17334
J	0.28600
K	0.48532

**Zurich American Insurance Company**  
**Additional Accidental [Dismemberment] [and Covered Loss of Use] [and Plegia] for Dependent Children Benefit U-BMC-309-A**  
**Daily Premiums**

Table 4

Benefit	Unit of Principle Sum	Percent of Principle Sum	Percent of Accidental Death Rate*
Accidental Dismemberment	\$1,000	Varies**	3.75%
Loss of Use	\$1,000	Varies***	1.73%
Plegia	\$1,000	Varies****	1.96%

\*Pro-Rate for Other Maximum Benefits

**Accidental Dismemberment: Covered Loss	Percent of Principle Sum
Both Hands or Both Feet	50%
One Hand and One Foot	50%
One Hand or One Foot plus the loss of Sight of One Eye	50%
Sight of Both Eyes	50%
Speech and Hearing	50%
Speech or Hearing	25%
One Hand; One Foot; or Sight of One Eye	25%
Thumb and Index Finger of the same Hand	12.5%
Hearing in One Ear	12.5%

***Loss of Used: Covered Loss	Percent of Principle Sum
4 Limbs	50%
3 Limbs	37.5%
2 Limbs	33.3%
1 Limb	25%

****Plegia: Covered Loss	Percent of Principle Sum
Quadriplegia	50%
Triplegia	37.5%
Paraplegia	33.3%
Hemiplegia	25%
Uniplegia	12.5%

Accidental Death Benefit (Table 3)

Risk Category	Daily Premium Per \$1,000
A	0.00346
B	0.00520
C	0.00866
D	0.01386
E	0.02254
F	0.03640
G	0.06068
H	0.10400
I	0.17334
J	0.28600
K	0.48532

**Zurich American Insurance Company**  
**Critical Burn Benefit U-BMC-318-A**  
**Daily Premiums**

Table 5

Benefit	Unit	Daily Premium per Unit
Critical Burn Benefit	\$1,000	\$0.00035

Table 6

Adjustment for Percent of Body Burned

Percent of Body Burned	Adjustment Factor
10%	8.584
20%	2.187
25%	1.000
30%	0.713
40%	0.317
50%	0.160
60%	0.093
70%	0.055
80%	0.028

Table 7

Adjustment Factor for Different Incurral Periods Following Accident

Time for Loss to Occur	90 Days	180 Days	365 Days
Adjustment Factor	1.000	1.020	1.050

**Zurich American Insurance Company**  
**[Permanent] [Temporary] Total Disability Benefit U-BMC-320-A**  
**Risk Category F**  
**Daily Premiums**

Table 8a

Daily Premiums per \$1,000 Monthly Benefit

Benefit Period (Months)	Benefit Waiting Period	
	6 Months	12 Months
6	0.16	0.11
12	0.26	0.20
18	0.36	0.29
24	0.45	0.37
36	0.60	0.52
48	0.75	0.66
60	0.88	0.79

Table 8b

Daily Premiums per \$1,000 Lump Sum Benefit

Benefit Waiting Period	
6 Months	12 Months
0.04	0.02

Risk Category Adjustment (Table 2)

Risk Category	Risk Factor
A	0.095
B	0.143
C	0.238
D	0.381
E	0.619
F	1.000
G	1.667
H	2.857
I	4.762
J	7.857
K	13.333

**Zurich American Insurance Company  
After School Care Benefit U-BMC-323-A  
Risk Category F  
Daily Premiums**

Table 9

Benefit	Daily Premium*
After School Care Benefit	\$0.01664

\*Based on \$2,000 maximum benefit.  
Prorate for other maximum benefits.

Table 10  
Maximum Age Adjustment

Maximum Age	Adjustment Factor
4	0.315
5	0.377
6	0.438
7	0.497
8	0.557
9	0.617
10	0.679
11	0.741
12	0.804
13	0.868
14	0.934
15	1.000

Annual premium is for 1 year of benefit. For other benefit durations, multiply premium by benefit duration.

Risk Category Adjustment (Table 2)

Risk Category	Risk Factor
A	0.095
B	0.143
C	0.238
D	0.381
E	0.619
F	1.000
G	1.667
H	2.857
I	4.762
J	7.857
K	13.333

**Zurich American Insurance Company**  
**Inflation Benefit U-BMC-324-A**  
**Daily Premiums**

Table 11

Benefit Increase	Maximum Number of Increases				
	1	5	10	15	20
5%	1.0208	1.0512	1.0566	1.0572	1.0573
10%	1.0416	1.1023	1.1133	1.1144	1.1146
15%	1.0624	1.1535	1.1699	1.1717	1.1718
20%	1.0832	1.2047	1.2266	1.2289	1.2291

\* Load factors should be multiplied by the total premium of all benefits covered by the inflation benefit rider.

**Zurich American Insurance Company**  
**HIV Occupational Accident Benefit U-BMC-331-A**  
**Risk Category F**  
**Daily Premiums**

Table 12

Benefit	Unit	Daily Premium per Unit
HIV Occupational Accident Benefit	\$1,000	\$0.00063

Table 13

Adjustment Factor for Different Incurral Periods Following Accident

Time for Loss to Occur	30 Days	90 Days	180 Days	365 Days	730 Days
Adjustment Factor	0.990	1.000	1.020	1.050	1.100

Risk Category Adjustment (Table 2)

Risk Category	Risk Factor
A	0.095
B	0.143
C	0.238
D	0.381
E	0.619
F	1.000
G	1.667
H	2.857
I	4.762
J	7.857
K	13.333



**Zurich American Insurance Company**  
**Continuation of Insurance Benefit U-BMC-347-A**  
**Annual Premium Rate Load Factors\***

Table 14

Risk Category	Load Factor
A	1.00000346
B	1.00000520
C	1.00000866
D	1.00001386
E	1.00002254
F	1.00003640
G	1.00006068
H	1.00010400
I	1.00017334
J	1.00028600
K	1.00048532

\* Load factors should be multiplied by the total premium of all benefits covered by the continuation of insurance rider.

**Zurich American Insurance Company**  
**Day Care Benefit U-BMC-348-A**  
**Risk Category F**  
**Daily Premiums**

Table 15

Benefit	Unit*	Daily Premium per Unit
Day Care Benefit	\$1,000	\$0.00588

\*Day Care Benefit is the lesser of:

- (1) The cost of the day care (Average Cost is \$3,432 per year)
- (2) Percentage of the AD benefit
- (3) Specified benefit amount

Table 16  
Maximum Age Adjustment

Maximum Age	Adjustment Factor
2	0.219
3	0.291
4	0.362
5	0.434
6	0.504
7	0.573
8	0.641
9	0.711
10	0.782
11	0.853
12	0.926
13	1.000
14	1.075
15	1.152
16	1.230
17	1.305
18	1.379

Risk Category Adjustment (Table 2)

Risk Category	Risk Factor
A	0.095
B	0.143
C	0.238
D	0.381
E	0.619
F	1.000
G	1.667
H	2.857
I	4.762
J	7.857
K	13.333

**Zurich American Insurance Company**  
**Hearing Aid or Prosthetic Appliance Benefit U-BMC-349-A**  
**Risk Category F**  
**Daily Premiums**

Table 17

Maximum Benefit	Daily Premium
\$1,000	0.00040
\$2,500	0.00060
\$5,000	0.00072
\$10,000	0.00079
\$15,000	0.00081
\$20,000	0.00083
\$25,000	0.00083
\$30,000	0.00084
\$40,000	0.00084
\$50,000	0.00085

Table 18

Adjustment Factor for Different Incurral Periods Following Accident

Time for Loss to Occur	90 Days	120 Days	180 Days	365 Days	730 Days
Adjustment Factor	0.950	0.955	1.020	1.050	1.100

Risk Category Adjustment (Table 2)

Risk Category	Risk Factor
A	0.095
B	0.143
C	0.238
D	0.381
E	0.619
F	1.000
G	1.667
H	2.857
I	4.762
J	7.857
K	13.333

**Zurich American Insurance Company**  
**Traumatic Brain Injury Benefit U-BMC-361-A**  
**Risk Category F**  
**Daily Premiums**

Table 19

Benefit	Unit	Daily Premium per Unit
Traumatic Brain Injury Benefit	\$1,000	\$0.01132

Table 20

Adjustment Factor for Different Incurral Periods Following Accident

Time for Loss to Occur	30 Days	60 Days	90 Days	180 Days	365 Days
Adjustment Factor	0.990	0.995	1.000	1.020	1.050

Table 21

Required Hospitalization Days

Days	Adjustment
7	1.000
8	0.780
9	0.631
10	0.525
11	0.443
12	0.382
13	0.334
14	0.294

Risk Category Adjustment (Table 2)

Risk Category	Risk Factor
A	0.095
B	0.143
C	0.238
D	0.381
E	0.619
F	1.000
G	1.667
H	2.857
I	4.762
J	7.857
K	13.333

**Zurich American Insurance Company**  
**Home Alteration and Vehicle Modification Benefit U-BMC-371-A**  
**Risk Category F**  
**Daily Premiums**

Table 22

Maximum Benefit	Daily Premium
\$1,000	0.004
\$2,500	0.007
\$5,000	0.011
\$10,000	0.015
\$15,000	0.018
\$20,000	0.021
\$25,000	0.022
\$30,000	0.024
\$40,000	0.026
\$50,000	0.028

Risk Category Adjustment (Table 2)

Risk Category	Risk Factor
A	0.095
B	0.143
C	0.238
D	0.381
E	0.619
F	1.000
G	1.667
H	2.857
I	4.762
J	7.857
K	13.333

**Zurich American Insurance Company**  
**Natural Disaster Benefit U-BMC-372-A**  
**Daily Premiums**

Table 23

Natural Disaster Benefit	Unit	Daily Premium per Unit
Accidental Death	\$1,000	\$0.0000097
Accidental Dismemberment	\$1,000	\$0.0000007
Loss of Use	\$1,000	\$0.0000003
Plegia	\$1,000	\$0.0000004

**Zurich American Insurance Company**  
**[Occupational] [or] [Voluntary Activity] Hepatitis Benefit U-BMC-373-A**  
**Risk Category F**  
**Daily Premiums**

**Table 24a**  
**Daily Premiums, per \$1,000 Monthly Benefit, with Hepatitis A**

Benefit Period (Months)	Daily Premium per \$1,000 Monthly Benefit	Benefit Period (Months)	Daily Premium per \$1,000 Monthly Benefit
1	0.00041	91	0.00776
2	0.00074	92	0.00782
3	0.00098	93	0.00787
4	0.00117	94	0.00793
5	0.00132	95	0.00798
6	0.00142	96	0.00803
7	0.00152	97	0.00809
8	0.00162	98	0.00814
9	0.00171	99	0.00819
10	0.00181	100	0.00824
11	0.00190	101	0.00830
12	0.00200	102	0.00835
13	0.00209	103	0.00840
14	0.00218	104	0.00845
15	0.00227	105	0.00850
16	0.00236	106	0.00855
17	0.00245	107	0.00860
18	0.00254	108	0.00865
19	0.00263	109	0.00869
20	0.00272	110	0.00874
21	0.00281	111	0.00879
22	0.00290	112	0.00884
23	0.00298	113	0.00888
24	0.00307	114	0.00893
25	0.00316	115	0.00898
26	0.00324	116	0.00902
27	0.00333	117	0.00907
28	0.00341	118	0.00911
29	0.00349	119	0.00916
30	0.00358	120	0.00920
31	0.00366	121	0.00925
32	0.00374	122	0.00929
33	0.00382	123	0.00934
34	0.00391	124	0.00938
35	0.00399	125	0.00942
36	0.00407	126	0.00946
37	0.00415	127	0.00951
38	0.00423	128	0.00955
39	0.00430	129	0.00959
40	0.00438	130	0.00963
41	0.00446	131	0.00967
42	0.00454	132	0.00971
43	0.00462	133	0.00975
44	0.00469	134	0.00979
45	0.00477	135	0.00983
46	0.00484	136	0.00987
47	0.00492	137	0.00991
48	0.00499	138	0.00994
49	0.00507	139	0.00998
50	0.00514	140	0.01002
51	0.00521	141	0.01006
52	0.00528	142	0.01009
53	0.00536	143	0.01013
54	0.00543	144	0.01017
55	0.00550	145	0.01020
56	0.00557	146	0.01024
57	0.00564	147	0.01027
58	0.00571	148	0.01031
59	0.00578	149	0.01034
60	0.00585	150	0.01038
61	0.00592	151	0.01041
62	0.00598	152	0.01045
63	0.00605	153	0.01048
64	0.00612	154	0.01051
65	0.00618	155	0.01055
66	0.00625	156	0.01058
67	0.00632	157	0.01061
68	0.00638	158	0.01064
69	0.00645	159	0.01067
70	0.00651	160	0.01071
71	0.00657	161	0.01074
72	0.00664	162	0.01077
73	0.00670	163	0.01080
74	0.00676	164	0.01083
75	0.00683	165	0.01086
76	0.00689	166	0.01089
77	0.00695	167	0.01092
78	0.00701	168	0.01095
79	0.00707	169	0.01097
80	0.00713	170	0.01100
81	0.00719	171	0.01103
82	0.00725	172	0.01106
83	0.00731	173	0.01109
84	0.00737	174	0.01111
85	0.00742	175	0.01114
86	0.00748	176	0.01117
87	0.00754	177	0.01119
88	0.00760	178	0.01122
89	0.00765	179	0.01125
90	0.00771	180	0.01127

**Table 24b**  
**Daily Premiums, per \$1,000 Monthly Benefit, without Hepatitis A**

Benefit Period (Months)	Daily Premium per \$1,000 Monthly Benefit	Benefit Period (Months)	Daily Premium per \$1,000 Monthly Benefit
1	0.00029	91	0.00743
2	0.00055	92	0.00748
3	0.00076	93	0.00754
4	0.00094	94	0.00759
5	0.00108	95	0.00764
6	0.00118	96	0.00770
7	0.00128	97	0.00775
8	0.00137	98	0.00780
9	0.00147	99	0.00785
10	0.00156	100	0.00790
11	0.00166	101	0.00795
12	0.00175	102	0.00801
13	0.00184	103	0.00806
14	0.00193	104	0.00811
15	0.00202	105	0.00815
16	0.00211	106	0.00820
17	0.00220	107	0.00825
18	0.00229	108	0.00830
19	0.00237	109	0.00835
20	0.00246	110	0.00840
21	0.00255	111	0.00844
22	0.00263	112	0.00849
23	0.00272	113	0.00854
24	0.00280	114	0.00858
25	0.00289	115	0.00863
26	0.00297	116	0.00867
27	0.00306	117	0.00872
28	0.00314	118	0.00876
29	0.00322	119	0.00881
30	0.00330	120	0.00885
31	0.00338	121	0.00890
32	0.00347	122	0.00894
33	0.00355	123	0.00898
34	0.00363	124	0.00903
35	0.00371	125	0.00907
36	0.00378	126	0.00911
37	0.00386	127	0.00915
38	0.00394	128	0.00919
39	0.00402	129	0.00923
40	0.00410	130	0.00927
41	0.00417	131	0.00931
42	0.00425	132	0.00935
43	0.00432	133	0.00939
44	0.00440	134	0.00943
45	0.00447	135	0.00947
46	0.00455	136	0.00951
47	0.00462	137	0.00955
48	0.00470	138	0.00959
49	0.00477	139	0.00963
50	0.00484	140	0.00966
51	0.00491	141	0.00970
52	0.00498	142	0.00974
53	0.00505	143	0.00977
54	0.00512	144	0.00981
55	0.00519	145	0.00984
56	0.00526	146	0.00988
57	0.00533	147	0.00992
58	0.00540	148	0.00995
59	0.00547	149	0.00998
60	0.00554	150	0.01002
61	0.00561	151	0.01005
62	0.00567	152	0.01009
63	0.00574	153	0.01012
64	0.00581	154	0.01015
65	0.00587	155	0.01019
66	0.00594	156	0.01022
67	0.00600	157	0.01025
68	0.00606	158	0.01028
69	0.00613	159	0.01031
70	0.00619	160	0.01034
71	0.00626	161	0.01038
72	0.00632	162	0.01041
73	0.00638	163	0.01044
74	0.00644	164	0.01047
75	0.00650	165	0.01050
76	0.00656	166	0.01053
77	0.00662	167	0.01055
78	0.00668	168	0.01058
79	0.00674	169	0.01061
80	0.00680	170	0.01064
81	0.00686	171	0.01067
82	0.00692	172	0.01070
83	0.00698	173	0.01072
84	0.00704	174	0.01075
85	0.00709	175	0.01078
86	0.00715	176	0.01080
87	0.00721	177	0.01083
88	0.00726	178	0.01086
89	0.00732	179	0.01088
90	0.00737	180	0.01091

**Table 25**  
**Adjustment Factor for Different Incurral Periods Following Accident**

Time for Loss to Occur	30 Days	90 Days	180 Days	365 Days
Adjustment Factor	0.990	1.000	1.020	1.050

**Risk Category Adjustment (Table 2)**

Risk Category	Risk Factor
A	0.095
B	0.143
C	0.238
D	0.381
E	0.619
F	1.000
G	1.667
H	2.857
I	4.762
J	7.857
K	13.333

**Zurich American Insurance Company**  
**Recuperation Benefit U-BMC-374-A**  
**Risk Category F**  
**Daily Premiums**

Table 26

Waiting Period (Days)	Daily Premiums per \$100 daily benefit
0	0.29199
1	0.21080
2	0.12925
3	0.07602
4	0.04676
5	0.03118
6	0.02174
7	0.01527
8	0.01127
9	0.00868
10	0.00682
11	0.00550
12	0.00454
13	0.00377
14	0.00311
15	0.00264
16	0.00226
17	0.00196
18	0.00171
19	0.00151
20	0.00128
21	0.00105
22	0.00082
23	0.00075
24	0.00069
25	0.00062
26	0.00055
27	0.00049
28	0.00045
29	0.00042
30	0.00038

Risk Category Adjustment (Table 2)

Risk Category	Risk Factor
A	0.095
B	0.143
C	0.238
D	0.381
E	0.619
F	1.000
G	1.667
H	2.857
I	4.762
J	7.857
K	13.333



**Zurich American Insurance Company**  
**Student [Tuition] [and] [Expense] Reimbursement Benefit U-BMC-375-A**  
**Daily Premiums**

Student Loan Reimbursement

Table 27

Benefit Trigger	Daily Premium
Accidental Death *	0.2248
Accidental Dismemberment *	0.0169
Critical Illness:	
Cancer	0.0255
Heart Attack	0.0073
Kidney Failure	0.0036
Loss of Limb	0.0039
Major Organ Transplant	0.0075
Paralysis	0.0043
Stroke	0.0019
Total	0.2957

Table 28

Maximum Benefit	Adjustment Factor
100	0.004
1,000	0.036
2,500	0.090
5,000	0.180
7,500	0.270
10,000	0.360
15,000	0.540
20,000	0.698
25,000	0.805
50,000	0.992
100,000	1.000

\* AD&D Premiums are for risk category F. Critical Illness premiums do not vary by risk category

Tuition Reimbursement

Table 29

Benefit Trigger	Daily Premium per \$1,000
Accidental Death *	0.01225
Accidental Dismemberment *	0.00092
Critical Illness:	
Cancer	0.00139
Heart Attack	0.00040
Kidney Failure	0.00020
Loss of Limb	0.00021
Major Organ Transplant	0.00041
Paralysis	0.00023
Stroke	0.00010
Total	0.01611

\* AD&D Premiums are for risk category F. Critical Illness premiums do not vary by risk category

Student Tuition and Tuition Expense

Table 30

Benefit Trigger	Daily Premium
Accidental Death *	0.1314
Accidental Dismemberment *	0.0099
Critical Illness:	
Cancer	0.0149
Heart Attack	0.0043
Kidney Failure	0.0021
Loss of Limb	0.0023
Major Organ Transplant	0.0044
Paralysis	0.0025
Stroke	0.0011
Total	0.1729

Table 31

Maximum Benefit	Adjustment Factor
100	0.009
1,000	0.093
2,500	0.233
5,000	0.422
7,500	0.560
10,000	0.660
15,000	0.788
20,000	0.879
25,000	0.951
50,000	1.000

Table 32

Maximum Number of Payments	Adjustment Factor
1	1.00
2	1.65
3	2.29
4	2.80
5	3.19
6	4.11
7	4.36
8	4.48
9	4.49
10	4.50
11	4.51
12	4.52
13	4.53
14	4.54
15	4.55
16	4.56

\* AD&D Premiums are for risk category F. Critical Illness premiums do not vary by risk category

**Zurich American Insurance Company**  
**Student [Tuition] [and] [Expense] Reimbursement Benefit U-BMC-375-A**  
**Daily Premiums**

Student Expense

Table 33

Benefit Trigger	Daily Premium
Accidental Death *	0.1392
Accidental Dismemberment *	0.0104
Critical Illness:	
Cancer	0.0158
Heart Attack	0.0045
Kidney Failure	0.0022
Loss of Limb	0.0024
Major Organ Transplant	0.0046
Paralysis	0.0027
Stroke	0.0011
Total	0.1829

\* AD&D Premiums are for risk category F. Critical Illness premiums do not vary by risk category

Table 34

Maximum Benefit	Adjustment Factor
100	0.009
1,000	0.088
2,500	0.220
5,000	0.440
7,500	0.660
10,000	0.880
15,000	1.000
20,000	1.050
25,000	1.100
50,000	1.150

Table 35

Maximum Number of Payments	Adjustment Factor
1	1.00
2	1.65
3	2.29
4	2.80
5	3.19
6	4.11
7	4.36
8	4.48
9	4.49
10	4.50
11	4.51
12	4.52
13	4.53
14	4.54
15	4.55
16	4.56

Risk Category Adjustment (Table 2)

Risk Category	Risk Factor
A	0.095
B	0.143
C	0.238
D	0.381
E	0.619
F	1.000
G	1.667
H	2.857
I	4.762
J	7.857
K	13.333

**Zurich American Insurance Company  
Accelerated Payment Benefit U-BMC-376-A  
Daily Premiums**

Table 36

Benefit	Daily Premium per Unit
Accelerated Payment Benefit	No Additional Cost

**Zurich American Insurance Company**  
**Accident Medical Expense - Indemnity Benefit U-BMC-377-A**  
**Risk Category F**  
**Daily Premiums**

Emergency Room

Table 37

Benefit	Unit	Daily Premium Per Unit
Emergency Room Benefit	\$500	\$1.15

Table 38

Emergency Treatment within 12, 24, 48, 72, 96 hours of Accident

Time for Loss to Occur	12 Hours	24 Hours	48 Hours	72 Hours	96 Hours
Adjustment Factor	0.9875	0.9900	0.9950	1.0000	1.0050

X-Rays Related to an Accident

Table 39

Benefit	Unit	Daily Premium per Unit
X-rays Related to Accident Benefit	\$500	\$0.39

Emergency Room Follow Up Treatment

Table 40

Maximum Days Per Accident	Daily Premiums per \$500 benefit
2	\$0.98
3	\$1.27
4	\$1.51
5	\$1.68
6	\$1.79

Table 41

Emergency Treatment within 12, 24, 48, 72, 96 hours of Accident

Time for Loss to Occur	12 Hours	24 Hours	48 Hours	72 Hours	96 Hours
Adjustment Factor	0.9875	0.9900	0.9950	1.0000	1.0050

Table 42

Adjustment Factor for Different Incurral Periods Following Accident

Time for Loss to Occur	10 Days	30 Days	60 Days	90 Days
Adjustment Factor	0.983	0.990	0.995	1.000

Accident Hospitalization

Table 43

Benefit	Unit	Daily Premium Per Unit
Hospital Confinement	\$500	\$0.179
Hospital ICU	\$500	\$0.014

Table 44

Adjustment Factor for Different Incurral Periods Following Accident

Time for Loss to Occur	10 Days	30 Days	60 Days	90 Days
Adjustment Factor	0.983	0.990	0.995	1.000

Dislocations

Table 45

Joint Area	Open Reduction Unit	Closed Reduction Unit	Open Daily Premium per Unit	Closed Daily Premium per Unit
Hip	\$2,500	\$500	\$0.00978	\$0.02383
Knee	\$2,500	\$500	\$0.00158	\$0.00385
Shoulder	\$2,500	\$500	\$0.00091	\$0.00223
Collar Bone	\$2,500	\$500	\$0.00046	\$0.00111
Ankle or Foot	\$2,500	\$500	\$0.00316	\$0.00770
Lower Jaw	\$2,500	\$500	\$0.00095	\$0.00232
Wrist	\$2,500	\$500	\$0.00048	\$0.00116
Elbow	\$2,500	\$500	\$0.00048	\$0.00116
Toe	\$2,500	\$500	\$0.00125	\$0.00304
Finger	\$2,500	\$500	\$0.00125	\$0.00304

Burns

Table 46

Body Surface Area	Unit	Daily Premium for 2nd Degree Burns	Unit	Daily Premium for 3rd Degree Burns
Less than 50 square centimeters	\$2,500	\$0.0178	\$5,000	\$0.0220
More than 100 but less than 150 square centimeters	\$2,500	\$0.0172	\$5,000	\$0.0213
More than 150 but less than 200 square centimeters	\$2,500	\$0.0169	\$5,000	\$0.0209
More than 200 but less than 250 square centimeters	\$2,500	\$0.0166	\$5,000	\$0.0206
More than 250 but less than 300 square centimeters	\$2,500	\$0.0163	\$5,000	\$0.0202
More than 300 square centimeters	\$2,500	\$0.0161	\$5,000	\$0.0199

Table 47

Emergency Treatment within 12, 24, 48, 72, 96 hours of Accident

Time for Loss to Occur	12 Hours	24 Hours	48 Hours	72 Hours	96 Hours
Adjustment Factor	0.9875	0.9900	0.9950	1.0000	1.0050

Skin Grafts

Table 48

Body Surface Area	Percentage of Burn Benefit	Daily Premium for 2nd Degree Burns	Daily Premium for 3rd Degree Burns
Less than 50 square centimeters	75%	\$0.0133	\$0.0165
More than 100 but less than 150 square centimeters	75%	\$0.0129	\$0.0159
More than 150 but less than 200 square centimeters	75%	\$0.0127	\$0.0157
More than 200 but less than 250 square centimeters	75%	\$0.0125	\$0.0154
More than 250 but less than 300 square centimeters	75%	\$0.0123	\$0.0152
More than 300 square centimeters	75%	\$0.0120	\$0.0149

Eye Injury

Table 49

Benefit	Unit	Daily Premium per Unit
Surgical Repair	\$1,000	\$0.0126
Removal of Foreign Body	\$250	\$0.0031

Lacerations

Table 50

Benefit	Unit	Daily Premium per Unit
Not requiring sutures and treated by a Physician	\$500	\$0.119
Less than 5 centimeters in length	\$500	\$0.059
At least 5 centimeters but not more than 15 centimeters	\$500	\$0.040
Over 15 centimeters	\$500	\$0.020

**Zurich American Insurance Company**  
**Accident Medical Expense - Indemnity Benefit U-BMC-377-A**  
**Risk Category F**  
**Daily Premiums**

Fractures

Table 51

Fracture Area	Open Reduction Unit	Closed Reduction Unit	Open Daily Premium per Unit	Closed Daily Premium per Unit
Hip	\$100	\$100	\$0.000324	\$0.005384
Leg	\$100	\$100	\$0.000866	\$0.014404
Hand (Excluding Fingers)	\$100	\$100	\$0.000475	\$0.007899
Foot (Excluding Heel/Toes)	\$100	\$100	\$0.000359	\$0.005980
Wrist	\$100	\$100	\$0.000481	\$0.008003
Kneecap	\$100	\$100	\$0.000238	\$0.003960
Lower Jaw	\$100	\$100	\$0.000017	\$0.000287
Shoulder	\$100	\$100	\$0.000010	\$0.000170
Vertebrae (Body of)	\$100	\$100	\$0.000148	\$0.002464
Pelvis (Excluding Coccyx)	\$100	\$100	\$0.000030	\$0.000496
Sternum	\$100	\$100	\$0.000009	\$0.000143
Upper Jaw	\$100	\$100	\$0.000010	\$0.000170
Upper Arm	\$100	\$100	\$0.000668	\$0.011118
Face (Excluding Nose)	\$100	\$100	\$0.000033	\$0.000548
Rib	\$100	\$100	\$0.000087	\$0.001447
Nose	\$100	\$100	\$0.000016	\$0.000274
Heel	\$100	\$100	\$0.000347	\$0.005772
Finger	\$100	\$100	\$0.000941	\$0.015654
Coccyx	\$100	\$100	\$0.000016	\$0.000274
Toe	\$100	\$100	\$0.000678	\$0.011283
Vertebral Processes	\$100	\$100	\$0.000148	\$0.002464
Skull - Depressed	\$100	\$100	\$0.000029	\$0.000482
Skull - Simple	\$100	\$100	\$0.000027	\$0.000443

Concussion

Table 52

Benefit	Unit	Daily Premium per Unit
Concussion Benefit	\$100	\$0.014

Emergency Dental Procedure

Table 53

Benefit	Unit	Daily Premium per Unit
Broken tooth repaired with crown	\$75	\$0.048
Broken tooth resulting in extraction	\$75	\$0.031

Specified Surgical Procedures Arising From a Covered Accident

Table 54

Benefit	Unit	Daily Premium per Unit
Arthroscopy without surgical repair	\$25	\$0.00065
Open abdominal (including exploratory laparotomy)	\$25	\$0.00025
Cranial	\$25	\$0.00022
Hernia	\$25	\$0.00078
Thoracic Surgery	\$25	\$0.00070
Repair of:	\$25	\$0.00150
Tendons and/or ligaments		
Torn rotator cuffs		
Ruptured discs		
Torn knee cartilages		

Non-Specified Surgical Procedures Arising From a Covered Accident

Table 55

Benefit	Unit	Daily Premium per Unit
Miscellaneous Surgery with General Anesthesia	\$2,500	\$6.89
Other Miscellaneous Surgery with conscious sedation	\$2,500	\$5.78

Diagnostic Testing & Exams

Table 56

Maximum Payments Per Year	Daily Premiums per \$2,500 benefit
1	2.97
2	4.57
3	5.72
4	6.65
5	7.39
6	8.05
7	8.65
8	9.14
9	9.53
10	9.81

Pain Management Benefit

Table 57

Maximum Treatments Per Accident	Daily Premium Per \$2,500	
	Without Pregnancy	With Pregnancy
1	\$2.30	\$2.66
2	\$3.53	\$4.09
3	\$4.42	\$5.12
4	\$5.14	\$5.95
5	\$5.71	\$6.61
6	\$6.23	\$7.21
7	\$6.69	\$7.74
8	\$7.07	\$8.18
9	\$7.37	\$8.53
10	\$7.59	\$8.78

**Zurich American Insurance Company**  
**Accident Medical Expense - Indemnity Benefit U-BMC-377-A**  
**Risk Category F**  
**Daily Premiums**

Physical Therapy Benefit

Table 58

Maximum Treatments Per Accident	Daily Premium Per \$25	
	One Treatment Per Day	Two Treatments Per Day
1	\$0.016	\$0.026
2	\$0.026	\$0.044
3	\$0.034	\$0.057
4	\$0.040	\$0.068
5	\$0.045	\$0.075
6	\$0.048	\$0.080
7	\$0.050	\$0.084
8	\$0.052	\$0.087
9	\$0.053	\$0.090
10	\$0.055	\$0.091

Table 59

Adjustment Factor for Different Incurral Periods Following Accident

Time for Loss to Occur	10 Days	30 Days	60 Days	90 Days
Adjustment Factor	0.983	0.990	0.995	1.000

Durable Medical Equipment and Prosthetic Appliance

Table 60

Benefit	Unit	Daily Premium per Unit
Durable Medical Equipment	\$5,000	\$9.26
Prosthetic Appliance	\$5,000	\$0.09

Blood, Plasma, and/or Platelets

Table 61

Benefit	Unit	Daily Premium per Unit
Blood, Plasma, and/or Platelets	\$2,500	\$0.450

Ambulance

Table 62

Benefit	Unit	Daily Premium per Unit
Ground Ambulance Benefit	\$500	\$0.118
Air Ambulance Benefit	\$2,500	\$0.118

Table 63

Emergency Treatment within 12, 24, 48, 72, 96 hours of Accident

Time for Loss to Occur	12 Hours	24 Hours	48 Hours	72 Hours	96 Hours
Adjustment Factor	0.9875	0.9900	0.9950	1.0000	1.0050

Transportation

Table 64

Benefit	Unit	Daily Premium per Unit
Transportation Benefit	\$25	\$0.002

Lodging Benefit

Table 65

Maximum Days Per Accident	Daily Premiums per \$50 benefit
5	\$0.006
10	\$0.012
15	\$0.018
20	\$0.024
25	\$0.030
30	\$0.036

Risk Category Adjustment (Table 2)

Risk Category	Risk Factor
A	0.095
B	0.143
C	0.238
D	0.381
E	0.619
F	1.000
G	1.667
H	2.857
I	4.762
J	7.857
K	13.333

**Zurich American Insurance Company**  
**Complications of Pregnancy Benefit U-BMC-378-A**  
**Risk Category F**  
**Daily Premiums**

Table 66

95% Coinsurance

Maximum Benefit	Deductible										
	0	25	50	100	250	500	750	1,000	2,500	5,000	10,000
100	0.002969	0.002945	0.002912	0.002827	0.002580	0.002265	0.002014	0.001820	0.001152	0.000747	0.000438
250	0.007128	0.007033	0.006942	0.006736	0.006192	0.005472	0.004877	0.004432	0.002880	0.001867	0.001095
500	0.013271	0.013106	0.012930	0.012584	0.011628	0.010316	0.009299	0.008434	0.005590	0.003730	0.002190
750	0.018670	0.018436	0.018204	0.017737	0.016448	0.014728	0.013280	0.012120	0.008194	0.005464	0.003286
1,000	0.023468	0.023189	0.022914	0.022339	0.020851	0.018688	0.016949	0.015541	0.010622	0.007199	0.004366
1,500	0.031778	0.031434	0.031068	0.030345	0.028426	0.025734	0.023539	0.021735	0.015220	0.010493	0.006368
2,000	0.038762	0.038367	0.037973	0.037176	0.034964	0.031884	0.029349	0.027273	0.019456	0.013528	0.008371
2,500	0.044869	0.044432	0.043998	0.043139	0.040736	0.037405	0.034564	0.032222	0.023383	0.016490	0.010373
5,000	0.067746	0.067213	0.066682	0.065631	0.062728	0.058472	0.054908	0.051907	0.039613	0.028980	0.018837
7,500	0.083715	0.083132	0.082552	0.081402	0.078202	0.073575	0.069643	0.066178	0.051978	0.039259	0.026112
10,000	0.095954	0.095348	0.094743	0.093545	0.090202	0.085332	0.081072	0.077374	0.062167	0.047546	0.032466
12,500	0.106008	0.105376	0.104746	0.103497	0.099999	0.094877	0.090448	0.086581	0.070408	0.054695	0.038086
15,000	0.114249	0.113616	0.112987	0.111731	0.108162	0.102920	0.098371	0.094385	0.077494	0.060954	0.043103
20,000	0.127437	0.126783	0.126132	0.124841	0.121218	0.115886	0.111215	0.107069	0.089215	0.071457	0.051812
25,000	0.137805	0.137139	0.136475	0.135158	0.131459	0.125999	0.121233	0.117030	0.098581	0.080116	0.058867
50,000	0.168852	0.168162	0.167474	0.166109	0.162264	0.156563	0.151556	0.147111	0.127446	0.106802	0.082529
100,000	0.196023	0.195321	0.194621	0.193232	0.189315	0.183494	0.178367	0.173802	0.153437	0.131831	0.105583

75% Coinsurance

Maximum Benefit	Deductible										
	0	25	50	100	250	500	750	1,000	2,500	5,000	10,000
100	0.002952	0.002922	0.002884	0.002797	0.002565	0.002258	0.002007	0.001805	0.001152	0.000747	0.000438
250	0.006986	0.006896	0.006807	0.006610	0.006083	0.005375	0.004808	0.004383	0.002844	0.001867	0.001095
500	0.012819	0.012654	0.012491	0.012167	0.011260	0.010025	0.009036	0.008245	0.005554	0.003675	0.002190
750	0.017809	0.017589	0.017371	0.016944	0.015774	0.014133	0.012814	0.011746	0.008003	0.005409	0.003286
1,000	0.022192	0.021925	0.021661	0.021141	0.019777	0.017826	0.016245	0.014953	0.010391	0.007144	0.004290
1,500	0.029555	0.029243	0.028932	0.028319	0.026630	0.024262	0.022308	0.020676	0.014721	0.010201	0.006292
2,000	0.035726	0.035381	0.035038	0.034359	0.032445	0.029815	0.027543	0.025694	0.018657	0.013160	0.008295
2,500	0.041074	0.040695	0.040319	0.039573	0.037533	0.034653	0.032192	0.030176	0.022266	0.015853	0.010100
5,000	0.060693	0.060246	0.059800	0.058918	0.056469	0.052945	0.049969	0.047361	0.036754	0.027306	0.018043
7,500	0.074024	0.073545	0.073068	0.072122	0.069483	0.065643	0.062350	0.059501	0.047532	0.036235	0.024678
10,000	0.084124	0.083625	0.083128	0.082142	0.079380	0.075336	0.071840	0.068788	0.056019	0.043548	0.030346
12,500	0.092067	0.091558	0.091051	0.090046	0.087228	0.083089	0.079499	0.076352	0.062908	0.049710	0.035263
15,000	0.098702	0.098187	0.097673	0.096653	0.093793	0.089583	0.085921	0.082703	0.068761	0.054932	0.039579
20,000	0.109287	0.108761	0.108238	0.107198	0.104277	0.099967	0.096204	0.092857	0.078268	0.063691	0.046836
25,000	0.117425	0.116890	0.116357	0.115298	0.112321	0.107916	0.104060	0.100647	0.085715	0.070428	0.052729
50,000	0.141101	0.140551	0.140004	0.138917	0.135853	0.131305	0.127305	0.123749	0.107956	0.091374	0.071504
100,000	0.161010	0.160454	0.159900	0.158800	0.155698	0.151086	0.147022	0.143402	0.127226	0.109977	0.088748

50% Coinsurance

Maximum Benefit	Deductible										
	0	25	50	100	250	500	750	1,000	2,500	5,000	10,000
100	0.002901	0.002865	0.002828	0.002743	0.002518	0.002215	0.001974	0.001783	0.001152	0.000747	0.000438
250	0.006683	0.006596	0.006510	0.006330	0.005851	0.005190	0.004665	0.004232	0.002799	0.001867	0.001095
500	0.011873	0.011726	0.011581	0.011296	0.010516	0.009422	0.008543	0.007831	0.005335	0.003606	0.002190
750	0.016105	0.015927	0.015751	0.015403	0.014393	0.013021	0.011903	0.010985	0.007662	0.005283	0.003194
1,000	0.019704	0.019495	0.019288	0.018880	0.017754	0.016174	0.014872	0.013784	0.009814	0.006801	0.004195
1,500	0.025657	0.025418	0.025181	0.024712	0.023403	0.021510	0.019981	0.018647	0.013683	0.009671	0.006184
2,000	0.030520	0.030256	0.029993	0.029474	0.028047	0.025989	0.024257	0.022800	0.017099	0.012284	0.007832
2,500	0.034673	0.034392	0.034113	0.033560	0.032032	0.029858	0.027986	0.026406	0.020134	0.014676	0.009480
5,000	0.049349	0.049030	0.048712	0.048082	0.046322	0.043762	0.041566	0.039667	0.031688	0.024157	0.016452
7,500	0.058830	0.058497	0.058165	0.057508	0.055667	0.052971	0.050640	0.048574	0.039684	0.031129	0.021945
10,000	0.065802	0.065458	0.065115	0.064436	0.062528	0.059722	0.057281	0.055136	0.045841	0.036621	0.026386
12,500	0.071294	0.070944	0.070595	0.069901	0.067954	0.065081	0.062572	0.060360	0.050781	0.041062	0.030079
15,000	0.075735	0.075382	0.075031	0.074333	0.072370	0.069472	0.066939	0.064702	0.054854	0.044755	0.033235
20,000	0.082585	0.082225	0.081867	0.081155	0.079154	0.076190	0.073591	0.071288	0.061167	0.050652	0.038388
25,000	0.087737	0.087374	0.087012	0.086293	0.084270	0.081269	0.078634	0.076295	0.065956	0.055211	0.042436
50,000	0.102235	0.101866	0.101497	0.100766	0.098705	0.095641	0.092943	0.090540	0.079822	0.068450	0.054662
100,000	0.113377	0.113005	0.112634	0.111897	0.109819	0.106728	0.104003	0.101573	0.090690	0.079045	0.064655

Risk Category Adjustment (Table 2)

Risk Category	Risk Factor
A	0.095
B	0.143
C	0.238
D	0.381
E	0.619
F	1.000
G	1.667
H	2.857
I	4.762
J	7.857
K	13.333

**Zurich American Insurance Company  
Blanket Accident Insurance Policy  
Daily Rate Conversion Factors**

Table 67

Term of Coverage	Term Conversion Factor
1 - 9 Days	Actual Number
10 - 19 Days	15
20 - 29 Days	20
30 - 39 Days	25
40 - 49 Days	30
50 - 59 Days	35
60 - 74 Days	40
75 - 89 Days	45
90 - 365 Days	50



**Zurich American Insurance Company  
Blanket Accident Insurance Policy  
Premium Contribution Rating Factor**

Table 68

Premium Paid*	Rating Factor
Entirely by Blanket Group Policyholder	1.00
Entirely by Insured (Blanket Group Member)	1.25

\*Note: If the policyholder and insured each contribute towards the premium, a rating factor from 1.00 to 1.25 will be used to account for anti-selection. The rating factor will be given by linear interpolation.

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Zurich American Insurance Company
<b>TOI/Sub-TOI:</b>	H04 Health - Blanket Accident /Sickness/H04.000 Health - Blanket Accident /Sickness		
<b>Product Name:</b>	Rates for Additional Riders for use with Blanket Accident Insurance For All Other Groups		
<b>Project Name/Number:</b>	/DC AH 34958		

## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Actuarial Justification		
Comments:			
Attachment(s):			
ZNA03.BMC-300.v1.2.DC.ActMemo.50%LR.20120927.pdf			
		Item Status:	Status Date:
Bypassed - Item:	Rate Summary Worksheet		
Bypass Reason:	NA		
		Item Status:	Status Date:
Bypassed - Item:	Consumer Disclosure Form		
Bypass Reason:	NA		
		Item Status:	Status Date:
Satisfied - Item:	Response to 03/25/2012 letter (ZURC-128141207)		
Comments:			
Attachment(s):			
ZNA03.BMC-300.v1.2.DC.ObjectionResponse.20120927.pdf			
		Item Status:	Status Date:
Satisfied - Item:	Expenses		
Comments:			
Attachment(s):			
11-30-12 expenses.pdf			

# Zurich American Insurance Company

## Actuarial Memorandum

Eligibility of Dependents Rider Form U-BMC-308-A  
Additional Accidental [Dismemberment] [and Covered Loss of Use] [and Plegia] for  
Dependent Children Rider Form U-BMC-309-A  
Critical Burn Benefit Rider Form U-BMC-318-A  
[Permanent] [Temporary] Total Disability Benefit Rider Form U-BMC-320-A  
After School Care Benefit Rider Form U-BMC-323-A  
Inflation Benefit Rider Form U-BMC-324-A  
HIV Occupational Accident Benefit Rider Form U-BMC-331-A  
Continuation of Insurance Benefit Rider Form U-BMC-347-A  
Day Care Benefit Rider Form U-BMC-348-A  
Hearing Aid or Prosthetic Appliance Benefit Rider Form U-BMC-349-A  
Traumatic Brain Injury Benefit Rider Form U-BMC-361-A  
Home Alteration and Vehicle Modification Benefit Rider Form U-BMC-371-A  
Natural Disaster Benefit Rider Form U-BMC-372-A  
[Occupational] [or] [Voluntary Activity] Hepatitis Benefit Rider Form U-BMC-373-A  
Recuperation Benefit Rider Form U-BMC-374-A  
Student [Tuition] [and] [Expense] Reimbursement Benefit Form U-BMC-375-A  
Accelerated Payment Benefit Rider Form U-BMC-376-A  
Accident Medical Expense - Indemnity Benefit Rider Form U-BMC-377-A  
Complications of Pregnancy Benefit Rider Form U-BMC-378-A

### 1. Scope & Purpose

This Actuarial Memorandum describes the benefits provided in these new blanket policy riders. This memorandum supports the rates being filed. These are new forms attached to the blanket accident insurance policy form U-BMC-300-A that has been previously filed and approved in this state. This memorandum is not intended to be used for any other purpose.

### 2. Benefit Description

This section contains a brief description of the benefits provided by the riders. A detailed description of the benefits and limitations are identified in the policy and associated riders.

The base policy consists of an accidental death benefit with the option of an accidental dismemberment benefit. Additional optional benefits can be added to the base policy as riders.

Eligibility of Dependents: Allows the insured to cover eligible dependents at a specified percentage of the insured's coverage amount.

Additional Accidental [Dismemberment] [and Covered Loss of Use] [and Plegia] for Dependent Children: Pays a specified percentage of the accidental dismemberment benefit maximum amount shown on the benefit schedule if an insured person's injury results in a covered dismemberment, loss of use, or plegia within a certain number of days of the date of the accident that caused the injury.

Critical Burn Benefit: Pays up to the maximum amount shown in the benefit schedule if the insured suffers burns over a specified percent of his or her body and requires reconstructive surgery to treat the burned areas.

[Permanent] [Temporary] Total Disability Benefit: Pays total disability benefit amount if the insured becomes totally disabled and his or hers total disability continues for a consecutive specified number of months.

After School Care Benefit: If the insured suffers an accidental death or dismemberment the benefit pays the charges actually incurred by the insured for the after school care for each dependent child, who at the time of the covered loss and is under a specified age, up to the amount shown on the schedule.

Inflation Benefit: Provides an inflation adjustment to the principal sum if the insured sustains a covered injury.

HIV Occupational Accident Benefit: Pays amount shown on benefit schedule if the insured, while performing his or her job related duties, acquires and tests positive for Human Immunodeficiency Virus (HIV) and/or AIDS and related complex (ARC).

Continuation of Insurance Benefit: If the insured suffers a covered injury which is payable under the Accidental Death Coverage all benefits under this Policy that were in force on the date of the loss will continue with respect to the insured's eligible dependents for a specified number of days after the date of loss with no additional premium payments.

Day Care Benefit: If the insured suffers an accidental death the benefit pays an additional benefit for day care expenses to the individual who incurs the expense on behalf of each covered dependent child that is enrolled in an accredited child care facility and is under a specified age.

Hearing Aid or Prosthetic Appliance Benefit: Pays for a hearing aid or prosthetic appliance if such device is required from the result of an accidental death, dismemberment, loss of use, or plegia.

Traumatic Brain Injury Benefit: Pays traumatic brain injury benefit if the insured suffers a covered injury resulting in a traumatic brain injury which requires a specified number of days of hospitalization following the covered injury.

Home Alteration and Vehicle Modification Benefit: Pays an additional benefit for home alterations and vehicle modifications provided the insured suffers a covered injury resulting in the use of a wheelchair on a permanent basis.

Natural Disaster Benefit: Pays a benefit provided the insured suffers an accidental death, dismemberment, loss of use, or plegia as a direct result of a natural disaster.

[Occupational] [or] [Voluntary Activity] Hepatitis Benefit: Pays the specified amount for the specified number of months shown on the benefit schedule if the insured tests positive for Hepatitis during an occupational or voluntary incident and then reports the incident in writing and undergoes a Food and Drug Administration (FDA) approved preliminary screening test for Hepatitis which indicates negativity with respect to the presence of any antibodies or antigens to such disease.

Recuperation Benefit: Pays the amount shown in the schedule for a specified number of months if the insured suffers an injury that results in a hospital confinement for more than a specified number of days.

Student [Tuition] [and] [Expense] Reimbursement Benefit: Pays up to the maximum amount shown in the benefit schedule for student loans, student tuition, and tuition expenses that the insured was obligated to pay otherwise if the insured or tuition payer suffers an accidental death, dismemberment or critical illness.

Accelerated Payment Benefit: Pays the applicable accelerated benefit amount as shown on the benefit schedule provided the insured is terminally injured.

Accident Medical Expense - Indemnity Benefit: Pays the following benefits as applicable per insured for each covered accident.

Emergency Room Treatment Benefit: Pays a benefit for each covered person who requires examination and treatment by a physician in an emergency room as the result of injuries received in a covered accident.

X-rays related to a covered accident Benefit: Pays a benefit for each covered person who requires an X-ray while receiving emergency room treatment in a hospital resulting from a covered accident.

Emergency Room Follow Up Treatment Benefit: Pays a benefit for each covered person who requires additional examination and treatment by a

physician in an emergency room as the result of injuries received in a covered accident.

Accident Hospitalization Benefit: Pays a benefit when the insured is admitted for hospital confinement or is admitted directly to an intensive care unit for treatment of injuries sustained in a covered accident.

Dislocation Benefit: Pays a benefit for each covered person who sustains a dislocation as the result of injuries received in a covered accident.

Burn Benefit: Pays a benefit for each covered person who sustains second and third degree burns as the result of injuries received in a covered accident.

Skin Graft Benefit: Pays a benefit for each covered person who receives a skin graft for a burn for which a benefit was received under the Burn Benefit.

Eye Injury Benefit: Pays a benefit for surgical repair or removal of foreign body for each covered person who sustains an injury to the eye in a covered accident.

Laceration Benefit: Pays a benefit for each covered person who sustains lacerations as the result of injuries received in a covered accident.

Fracture Benefit: Pays a benefit for each covered person who sustains fractures as the result of injuries received in a covered accident.

Concussion Benefit: Pays a benefit for each covered person who sustains concussion as a result of a covered accident.

Emergency Dental Procedure Benefit: Pays a benefit for each covered person who requires dental work as the result of injuries received in a covered accident.

Specified Surgical Procedure Benefit: Pays a benefit for each covered person who undergoes one of the specified surgical procedures as shown in the benefit schedule.

Non-Specified Surgical Procedure Benefit: Pays a benefit for each covered person who undergoes a non-specified surgical procedure as shown in the benefit schedule.

Diagnostic Testing and Exams Benefit: Pays a benefit for each covered person who requires a diagnostic examination to determine the extent of

injuries received in a covered accident. Diagnostic exams include computerized tomography (CT scan), computerized axial tomography (CAT), magnetic resonance imaging (MRI), or electroencephalography (EEG).

Pain Management Benefit: Pays a benefit for each covered person that is prescribed, receives, and incurs a charge for an epidural or other similar treatment administered for pain management in a hospital or physician's office for injuries sustained in a covered accident or for pain management associated with pregnancy.

Physical Therapy and Rehabilitation Benefit: Pays a benefit for each covered person who requires physical therapy treatment as the result of injuries received in a covered accident.

Durable Medical Equipment and Prosthetic Appliance Benefit: Pays a benefit for a covered person who sustained injuries in a covered accident and requires a prosthetic device, artificial limb or durable medical equipment which is prescribed by a physician for functional use.

Ambulance Benefit: Pays a benefit for a licensed professional ambulance company to transport a covered person by ground or air, to or from a hospital or between medical facilities for treatment of injuries received in a covered accident.

Transportation Benefit: Pays a benefit for each covered person who is required to travel over a specified number of miles from the site of the covered accident to receive special treatment or be confined in a hospital if prescribed by a physician for treatment of injuries resulting from a covered accident and such treatment or confinement is not available locally.

Accommodation during Hospital Confinement Benefit: Pays a benefit for one companion to accompany a covered person who is confined in a hospital as the result of injuries received in a covered accident.

Complications of Pregnancy Benefit: Pays up to the maximum amount shown in the benefit schedule if the insured suffers a covered complication of pregnancy other than a non-elective cesarean section.

### 3. Renewability

This policy and associated riders are optionally renewable subject to the termination provisions specified in the policy.

#### 4. Applicability

This filing is for new policies. There are no policies currently in force on these form numbers.

#### 5. Morbidity

The morbidity assumptions were developed using the sources shown below:

- National Safety Council - Injury Facts
- CDC NCHS - National Health Survey
- U.S. Statistical Abstract
- Heart Disease and Stroke Statistics – 2007 Update
- Framingham Heart Study – 30 year follow-up
- SEER Cancer Statistics Review
- Milliman Research Report: US Organ and Tissue Transplant Cost Estimates
- 2006 USRDS Annual Data Report: An Incidence of Reported ESRD
- Health, United States, 2008 (US Department of Health and Human Services)
- Vital and Health Statistics: Prevalence of Selected Chronic Conditions: United States, 1990-92
- CDC – Health Care Workers ,NIOSH Safety & Health Topic
- CDC Basic Statistics: HIV Prevalence Estimate
- CDC Basic Statistics: HIV Incidence Estimate
- US Population by Region, 1990 – 2006
- National Institute for Occupational Safety and Health
- CDC, National Center for Injury Prevention and Control, 2005 WISQARS
- Burn Survivor Resource Center
- American Burn Association. National Burn Repository, 2011
- CDC Hepatitis Statistics
- PubMed Health A.D.A.M. Medical Encyclopedia – Hepatitis
- Recovery, Persistence, and Sequelae in Hepatitis C Infection
- Survival in chronic hepatitis B. An analysis of 379 patients.
- U.S. Population by Region, 1990 – 2006
- Occupational Exposure to Hepatitis – Minnesota Department of Health
- 85 CIDA
- Traumatic Brain Injury in the United States: Emergency Department Visits, Hospitalizations, and Deaths
- CollegeBoard Advocacy & Policy Center - Trends in College Pricing 2010
- Milliman's Health Cost Guidelines
- National Health Survey, Series 10 No. 134
- Federal Bureau of Investigation Report: Terrorism 2002-2005
- National Hospital Discharge Survey: 2005 Annual Summary With Detailed Diagnosis and Procedure Data



- American Academy of Orthopaedic Surgeons Fast Facts
- Epidural Steroid in the Management of Chronic Pain: A Systematic Review
- Other Sources

#### 6. Mortality

The National Safety Council, 2009 Injury Facts was used in developing the accidental death mortality rates.

#### 7. Persistency

Termination rates were not considered due to the short-term nature of this product.

#### 8. Expenses

Expenses, commissions, premium tax, and profit and contingency will be no more than 50% of the premium.

#### 9. Marketing Method

These products will be marketed by direct agents, brokers, or through direct response methods to all statutorily eligible groups in your state (such as, but not limited to: day care centers, camps, clubs, community and recreation centers, conferences, concerts, special events, entertainers, volunteer organizations and religious and youth sports organizations) consisting of two or more individuals.

#### 10. Underwriting

This plan of insurance is provided to the eligible members of the policyholder's group and is not individually underwritten.

#### 11. Premium Classes

Premium rates for each benefit are expressed on a per person per day rate basis adjusted to reflect the risk associated with the person's participation in the group's covered activity. Additional rate adjustments are made for group and participant characteristics that deviate from the standard assumptions. All rates in the attached rate exhibit are on a composite rate basis (uni-sex and composite age).

12. Issue Age Range

Coverage is available to individuals that meet the eligibility, classification of insureds, and covered activity provisions of the policy.

13. Area Factors

Premium rates do not vary by geographic area.

14. Claim Liability and Reserves

Reserves for claims incurred but not yet paid will be established according to generally accepted actuarial principles, including but not limited to analysis of claim lag triangles, inventory methods, and percentage of premium methods. There are currently no claim reserves held since these are new forms.

15. Active Life Reserves

No active life reserves will be held for this coverage.

16. Trend Assumptions

No trend has been assumed in this filing.

17. Minimum Loss Ratio

The minimum acceptable loss ratio is 50%.

18. Anticipated Loss Ratio

The anticipated loss ratio is 50%. To the extent expense provisions and profit targets differ, we will adjust the gross premium rates accordingly. Under no circumstances will the anticipated loss ratio be below 50%.

19. Contingency and Risk Margins

These forms are expected to produce an overall contingency and risk margin of 5%.

20. Experience - Past and Future

As these are new products, no historical experience is available.

21. Lifetime Loss Ratio

Because these are new forms with no prior experience, the lifetime loss ratio is assumed to be 50%.

22. History of Rate Adjustments

As these are new forms, there have been no rate adjustments.

23. Number of Policyholders

As these are new forms, there are no current policyholders.

24. Proposed Effective Date

The rates are to become effective upon approval by your Department of Insurance. No policies will be sold until the forms and rates have been submitted and/or approved as required by your regulations.

25. Statement of Reliance

In preparing this actuarial memorandum, I relied on data provided to me by Zurich American Insurance Company. I did not audit this data but did review it for reasonableness. To the extent that this data is incomplete or inaccurate the contents of this memorandum may be materially affected.

26. Actuarial Certification

I, Michael E. Weiland, am a Member of the American Academy of Actuaries and meet its qualification standards for preparing rate filings. This actuarial memorandum has been prepared to describe the rates intended to be used for this product. This memorandum has been prepared in conformity with applicable Actuarial Standards of Practice (ASOP), including ASOP No. 8. This actuarial memorandum has been prepared for the sole purpose of demonstrating that the proposed rate schedule is reasonable and the memorandum may not be appropriate for other purposes.

In my opinion, the rates included in the actuarial memorandum are developed using reasonable assumptions and in accordance with generally accepted actuarial principles and are neither excessive nor unfair. These rates are appropriate for the class of risks for which they are intended. This filing is in compliance with state law and regulation.

Emerging experience should be carefully monitored relative to the assumptions and appropriate adjustments made to the premiums in a timely manner.

A handwritten signature in black ink, reading "Michael E. Weiland". The signature is fluid and cursive, with the first name "Michael" being the most prominent.

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Michael E. Weiland, FSA, MAAA  
Fellow, Society of Actuaries  
Member, American Academy of Actuaries  
September 2012

Zurich American Insurance Company

Eligibility of Dependents Rider Form U-BMC-308-A  
Additional Accidental [Dismemberment] [and Covered Loss of Use] [and Plegia] for  
Dependent Children Rider Form U-BMC-309-A  
Critical Burn Benefit Rider Form U-BMC-318-A  
[Permanent] [Temporary] Total Disability Benefit Rider Form U-BMC-320-A  
After School Care Benefit Rider Form U-BMC-323-A  
Inflation Benefit Rider Form U-BMC-324-A  
HIV Occupational Accident Benefit Rider Form U-BMC-331-A  
Continuation of Insurance Benefit Rider Form U-BMC-347-A  
Day Care Benefit Rider Form U-BMC-348-A  
Hearing Aid or Prosthetic Appliance Benefit Rider Form U-BMC-349-A  
Traumatic Brain Injury Benefit Rider Form U-BMC-361-A  
Home Alteration and Vehicle Modification Benefit Rider Form U-BMC-371-A  
Natural Disaster Benefit Rider Form U-BMC-372-A  
[Occupational] [or] [Voluntary Activity] Hepatitis Benefit Rider Form U-BMC-373-A  
Recuperation Benefit Rider Form U-BMC-374-A  
Student [Tuition] [and] [Expense] Reimbursement Benefit Form U-BMC-375-A  
Accelerated Payment Benefit Rider Form U-BMC-376-A  
Accident Medical Expense - Indemnity Benefit Rider Form U-BMC-377-A  
Complications of Pregnancy Benefit Rider Form U-BMC-378-A

The purpose of this document is to provide a response to the District of Columbia's actuarial objections (repeated below) to Zurich American Insurance Company's (Zurich's) blanket accident insurance policy form filing. This information may not be appropriate for other purposes.

**1. *Is the specified surgical procedure benefit for covered accidents only?***

Yes, this benefit is payable if the insured suffers a covered injury as a result of a covered accident.

**2. *Is the non-specified surgical procedure benefit for covered accidents only?***

Yes, this benefit is payable if the insured suffers a covered injury as a result of a covered accident.

3. ***Given that this is a blanket accident/sickness policy, what is the purpose of the pain management benefit associated with pregnancy? Must the policyholder be in a covered accident in order to receive the pain management benefit associated with pregnancy?***

This is an accident only benefit. The policyholder must be in a covered accident to receive the pain management benefit associated with pregnancy.

4. ***Must the policyholder be in a covered accident in order to receive the complications of pregnancy benefit?***

Yes, the policyholder must suffer a covered complication of pregnancy resulting from a covered accident in order to receive this benefit.

5. ***Your 50% anticipated loss ratio is low. This Department does not expect to receive any future rate increase requests from you that are based upon you not achieving your 50% anticipated loss ratio.***

This is a blanket optionally renewable short-term accident insurance policy. For optionally renewable coverage, benefits shall be deemed reasonable in relation to premiums provided the anticipated loss ratio is at least 60%. Based on the NAIC's Model Laws, Regulations, and Guidelines, this loss ratio may be adjusted down for low average premium forms. The guideline loss ratio for low average premium forms is calculated based on the following formula:

$$RN = R \times \frac{(I \times 500) + X}{(I \times 750)}$$

Where, R is the table ratio  
 RN is the resulting guideline ratio  
 I is the consumer price index factor  
 X is the average annual premium up to a maximum of I\*250.  
 $I = \frac{CPI-U, Year(N-1)}{CPI-U, (1982)}$

Since these forms are optionally renewable, the table ratio is 60%. The average annual premium per person is \$5.00. The resulting guideline ratio is calculated below.

$$RN = 40\% = R \times \frac{(I \times 500) + X}{(I \times 750)} = 60\% \times \frac{(2.318 \times 500) + 5.00}{(2.318 \times 750)}$$

Where,

$$I = \frac{CPI-U, (2011)}{CPI-U, (1982)} = \frac{226.889}{97.9} = 2.318$$

The guideline ratio for this low average premium form is 40%. This product has been filed with a minimum loss ratio of 50%. The company does not find it reasonable that the DOI will not be able to grant any future rate increases if actual loss experience has a higher loss ratio than filed. It is likely that future incurred loss ratios will eventually be higher than the original filed loss ratio due to medical trend. As such, the company expects to be able to file for rate increases in order to maintain the filed loss ratio.

**6. *Where are the premium taxes paid?***

The assumed premium tax is 2.5% and is included in the expense component of premium in Section 8 of the attached actuarial memorandum.

I, Michael E. Weiland, am a Consulting Actuary for Milliman, Inc. I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to provide the actuarial information contained herein.



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Michael E. Weiland, FSA, MAAA  
Fellow, Society of Actuaries  
Member, American Academy of Actuaries  
September, 2012

	% of Premium
Claims	50.0%
Administrative	11.4%
Premium Taxes	2.5%
Commission	31.1%
<u>Profit &amp; Contingencies</u>	<u>5.0%</u>
Total	100.0%